

MARYLAND CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
 JUDICIARY Located at _____ Court Address _____ City/County _____
 Telephone _____ Case No. _____

NOTE: Respondent will be served a copy of this completed document. Petitioner does not need to give an address if doing so risks further harm, further abuse, or reveals the confidential address of a shelter. If this the case check here .
If you need additional paper, ask the clerk.

Fill in the following, checking the appropriate boxes.

Petitioner Jeffrey Phoenix
214 Rabbitt Rd
 Address Gaithersburg MD 20878
 City, State, Zip 240-994-8815
 Home Telephone No. _____ Work Telephone No. _____

vs. Chelsea Phoenix
 Respondent 214 Rabbitt Rd
 Address Gaithersburg MD 20878
 City, State, Zip 240-672-8769
 Home Telephone No. _____ Work Telephone No. _____

Petition filed electronically under FL § 4-505.1

**PETITION FOR PROTECTION FROM
 DOMESTIC VIOLENCE CHILD ABUSE VULNERABLE ADULT ABUSE
 (Family Law § 4-504)**

- I am the current or former spouse of the respondent; a cohabitant of the respondent; a person related to the respondent by blood, marriage, or adoption; a parent, stepparent, child, or stepchild of the respondent or the person eligible for relief who resides or resided with the respondent or person eligible for relief for at least 90 days within one (1) year before the filing of the petition; a vulnerable adult; an individual who has a child in common with the respondent; an individual who has had a sexual relationship with the respondent within one (1) year before the filing of the petition; or an individual who alleges that within six (6) months before the filing of the petition the respondent committed rape or a sexual offense or attempted rape or sexual offense against the individual.
- I want relief for myself minor child vulnerable adult, from abuse by Chelsea Phoenix.
 Name of alleged abuser _____

The respondent, whose present whereabouts (if known) are 12370 Quail Woods Dr Germantown MD committed the following acts of abuse against Jeffrey, Savonna Shianne Phoenix
 Name(s) _____

on or about, 5/3/13 (check all that apply) kicking punching choking/strangling
 Date slapping shooting rape or other sexual offense (or attempt) hitting with object stabbing shoving
 threats of violence mental injury of a child detaining against will stalking biting revenge porn
 other Statutory Rape of Minor (Fiancée's child), Self Harm, Demeaning Behavior

The details of what happened are:

See Attached (Give specific details of what happened, when and where it happened, and any injuries sustained)

- (If the victim is a child or vulnerable adult, fill in the following): I am asking for protection for a child vulnerable adult whose name is Savonna Phoenix 08/02/00 Shianne Phoenix 08/10/08
 At this time the victim can be found at 214 Rabbitt Rd Gaithersburg MD 20878
 I am State's Attorney DSS a relative an adult living in the home.
- The person(s) I want protected are (include yourself if you are a victim):

| Name(s) | Birthdate | Relationship to Respondent |
|------------------------|-------------------|----------------------------|
| <u>Jeffrey Phoenix</u> | <u>05/11/1978</u> | <u>Dad</u> |
| <u>Savonna Phoenix</u> | <u>08/02/2000</u> | <u>Sister</u> |
| <u>Shianne Phoenix</u> | <u>03/10/2008</u> | <u>Sister</u> |

Jeffrey Phoenix
Petitioner

Case No.

Chelsea Phoenix
Respondent

5. The person(s) I want protected now lives, or has lived, with the respondent for the following period of time during the past year: Entire year

There are are not additional persons living in the home.

6. I know of the following court cases involving me, or the person I want protected, and the respondent. (examples include: paternity, child support, divorce, custody, domestic violence, juvenile cases, criminal cases).

| Court | Kind of Case | Year Filed | Result or Status (if you know) |
|-------|--------------|------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

7. I have received a Final Protective Order against the same respondent that expired within one (1) year of the abuse alleged in this petition, and which was issued for a period of at least six (6) months.

Date issued

Date expired

Location where issued

City/County/State

8. Describe all past injuries the respondent has caused the victim, and give date, if known

| | |
|--|--|
| | |
| | |

9. The respondent owns or has access to the following firearms:

| | |
|--|--|
| | |
| | |

10. I want the court to order the respondent: (NOTE: Petitioner need not give an address if doing so risks further abuse)

NOT to abuse or threaten to abuse Jeffrey, Savanna, Shionne Phoenix
Name(s) Shionne

NOT to contact, attempt to contact, or harass Jeffrey, Savanna, Shionne Phoenix
Name(s)

NOT to go to the residence(s) at 214 Rabbit Rd Gaithersburg MD 20828
Address

NOT to go to the school(s) at Quince Orchard H.S. 15800 Quince Orchard Rd
Name of school and address Gaithersburg MD

NOT to go to the child care provider(s) _____
Name of child care provider and address _____

NOT to go to the work place(s) at _____
Name(s) _____

Jeffrey Phoenix Petitioner vs. Chella Phoenix Respondent

Case No.

to leave the home at 214 Rabbitt Rd Gaithersburg MD 20878 Address

and give possession of the home to _____

The name(s) on the deed or lease are: _____

to turn over firearm(s) to a law enforcement agency.

to go to counseling for domestic violence drug/alcohol other

to pay money as Emergency Family Maintenance (may be taken from respondent's paycheck).

11. I also want the court to order:

custody of _____ Name(s) of child(ren)

be granted to _____ Name

use and possession of the following jointly-owned vehicle be awarded to _____ Name

_____ Description of vehicle

temporary possession of the pet(s) _____ Name and description

be awarded to _____ Name

in the final order, the following additional relief necessary to protect _____ Person eligible for relief

from abuse: _____

12. (Fill in only if you are seeking Emergency Family Maintenance.) The respondent has the following financial resources:

Income from employment in the amount of \$ _____ every week 2 weeks month

other _____

Source of employment income _____ Name and address of source and amount(s) received

Income from other source _____ Name and address of source and amount(s) received

The respondent also owns the following property of value: Automobile(s) \$ _____ Estimated value

Home \$ _____ Bank Account(s) \$ _____ Estimated value

Other: _____ Estimated value

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

6/1/2023 Date

Jeffrey Phoenix Petitioner

I have filled in the Addendum (Description of Respondent), CC-DC-DV-001A

NOTE

If you believe that you have been a victim of abuse and that there is a danger of serious and immediate injury to you, you may request the assistance of a police officer or local law enforcement agency.

The law enforcement officer must protect you from harm when responding to your request for assistance and may, if you ask, accompany you to the family home so that you may remove clothing and medicine, medical devices, and other personal effects required for you and your children, regardless of who paid for them.

You are entitled to request that the address and telephone number of a victim, a complainant, or a witness be considered for shielding at the filing of this application.

NOTICE TO CUSTODIAN: A person who places in a judicial record identifying information relating to a witness shall give the custodian written or electronic notice that such information is included in the record, where in the record that information is contained, and whether that information is not subject to remote access under this Rule, Rule 1-322.1, Rule 20-201, or other applicable law. Except as federal law may otherwise provide, in the absence of such notice a custodian is not liable for allowing remote access to the information.

Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR Montgomery County - Rockville
City/County

Located at 191 E. Jefferson Street, Rockville, MD 20850
Court Address

Case No. _____

Chelsea Phoenix

Respondent's Name

PETITION FOR PROTECTION/PEACE ORDER
CONTINUATION SHEET

Page _____ of _____

MDEC counties only: If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission and check the Restricted Information box on this form.

Sexual Abuse
Chelsea is an 18 year old adopted child from MoCo Foster Care. She suffered severe trauma at the hands of her biological family. She has struggled w/ ~~extreme~~ and extreme PTSD and occasionally has ~~required~~ psych. Hospitalization. Since her 18th Birthday in January, Chelsea has been skipping class, using drugs, and having questionable relationships w/ younger boys (at 15 yrs old). Her behavior has started spiraling immensely ^{in less than a week} and this weekend she had sex w/ a 12 yr old. (Frederick Sheriff 23-060879), threatened to slit her wrist last night in front of Family and Gaithersburg City Officers (Incident 230026192). During the time w/ Police last night she rapidly spiraled from self harm to spewing anger to laughing/joking w/ others. Despite this rapidly declining behavior, Adventist Discharged Chelsea this morning. Because of her sexual abuse history and recent abuse of a 12 year old, I am fearful for the safety of her 2 younger sisters that remain in the house. Chelsea has shown NO remorse for any of her aggressive, self harming, behavior and has shown a complete inability to refrain from impulsive actions that have caused harm to minors. I can not risk ~~for~~ Savanna and Shianne being harmed or triggered any further by Chelsea's deterioration. Please consider this request for a protection order.

6/1/23

Date

Jeffrey Phoenix
Petitioner's Signature



MARYLAND CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
 City/County _____

JUDICIARY Located at _____

Court Address _____

Case No. _____

Jeffrey Phoenix

Name of Petitioner on Original Court Order

214 Rabbitt Rd

Street Address, Apt. No.

Gaithersburg MD 20878

City, State, Zip

240-994-8815

Home Telephone No.

Work Telephone No.

vs.

Chelsea Phoenix

Name of Respondent on Original Court Order

214 Rabbitt Rd

Street Address, Apt. No.

Gaithersburg MD 20878

City, State, Zip

240-672-8769

Home Telephone No.

Work Telephone No.

**ADDENDUM TO PETITION FOR PROTECTIVE ORDER
(DESCRIPTION OF RESPONDENT)**

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.

**DESCRIPTION OF RESPONDENT
(Alleged Abuser)**

| | | | | | | |
|--|--------------------|--------------|-------------------------|---------------------|-------------------------|--------------------------------------|
| Full Name: Chelsea Elizabeth Phoenix | | | Date of Birth: 01/25/05 | Approximate Age: 18 | | |
| Race: W | Sex: F | Height: 5'4" | Weight: 115 | Hair Color: Brown | Eye Color: Blue/Green | Skin Tone (Light/Medium/Dark): Light |
| Scars, Tattoos (where on body and description): | | | | | | |
| Home Address: 214 Rabbitt Rd | | | | | | |
| City, State, Zip: Gaithersburg MD 20878 | | | | | | |
| Telephone/Cell Number: 240-672-8769 | | | | | | |
| Employer: _____ | | | | Work Hours: _____ | | |
| Work Address: _____ | | | | | | |
| City, State, Zip: _____ | | | | | Telephone Number: _____ | |
| Vehicle Make: _____ | Model/Color: _____ | Year: _____ | Tag #: _____ | State: _____ | | |
| Weapons: _____ | | | | | | |
| Other locations or information about respondent: 72570 Quail Woods Dr Germantown MD | | | | | | |

PETITIONER

(Person Requesting Assistance)

| | | | | |
|----------------------------|--------|------------|----------------------|---------|
| Full Name: Jeffrey Phoenix | | | Date of Birth: _____ | Age: 45 |
| Race: W | Sex: M | Height: 6' | Weight: 210 | |

INFORMATION ABOUT OTHER PERSONS PETITIONER WANTS PROTECTED

| | | | | | |
|----------------------------|-------------|------------|-------------------------|---------------|--------------------|
| Full Name: Savanna Phoenix | Race: W | Sex: F | Date of Birth: 08/02/06 | Weight: 120 | Approx. Age: 10 |
| Full Name: Shionne Phoenix | Race: W | Sex: F | Date of Birth: 03/10/08 | Weight: 110 | Approx. Age: 15 |
| Full Name: _____ | Race: _____ | Sex: _____ | Date of Birth: _____ | Weight: _____ | Approx. Age: _____ |
| Full Name: _____ | Race: _____ | Sex: _____ | Date of Birth: _____ | Weight: _____ | Approx. Age: _____ |

Petitioner's Signature: _____

Date: 6/1/23

Petitioner's Telephone Number: 240-994-8815



DISTRICT COURT OF MARYLAND FOR MONTGOMERY COUNTY

191 EAST JEFFERSON ST, ROCKVILLE, MD 20850
301-563-8895

Case No. D-06-FM-23-816469

**ADDENDUM TO PETITION FOR PROTECTIVE ORDER
(DESCRIPTION OF RESPONDENT)**

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.

DESCRIPTION OF RESPONDENT
(Alleged Abuser)

| | | | | | | | |
|--|---------------|------------------|----------------|--------------------|-------------------|---|-------------------|
| Full Name: PHOENIX, CHELSEA | | | | | | Date of Birth: 01/25/2005 | Approximate Age: |
| Race: 2 | Sex: F | Height: 5' 4" | Weight: 115 | Hair Color: BRN | Eye Color: BLU | Skin Tone (Light/ Medium/ Dark): LIGHT | |
| Scars, Tattoos (where on body and description): | | | | | | | |
| Home Address 214 RABBITT RD. | | | | | | | |
| City, State, Zip GAIITHERSBURG, MD 20878 | | | | | | | |
| Telephone/Cell Number: 240-672-8769 | | | | | | | |
| Employer: | | | | | | | Work Hours: |
| Work Address | | | | | | | |
| City, State, Zip | | | | | | | Telephone Number: |
| Vehicle Make: | Model/ Color: | Year: | Tag#: | State: | | | |
| Weapons: | | | | | | | |
| Other locations or information about respondent: 12370 QUAIL WOODS DR. GERMANTOWN, MD | | | | | | | |

PETITIONER
(Person Requesting Assistance)

| | | | | | |
|--------------------------------|-----------|------------------|----------------|----------------|------------------------|
| Full Name: PHOENIX, JEFFREY | | | | Date of Birth: | Approximate Age: 45 |
| Race: 2 | Sex: M | Height: 6' 0" | Weight: 210 | | |

INFORMATION ABOUT OTHER PERSONS PETITIONER WANTS PROTECTED

| | | | | | |
|--------------------------------|------------|-----------|------------------------------|--------|------|
| Full Name: PHOENIX, SAVANNA | Race: 2 | Sex: F | Date of Birth: 08/02/2006 | Weight | Age: |
| Full Name: PHOENIX, SHIONNE | Race: 2 | Sex: F | Date of Birth: 03/10/2008 | Weight | Age: |



DISTRICT COURT OF MARYLAND FOR MONTGOMERY COUNTY

191 EAST JEFFERSON ST, ROCKVILLE, MD 20850
301-563-8895

Case No. D-06-FM-23-816469

| | | |
|---|----|---|
| PHOENIX, JEFFREY 214 RABBITT RD. GAIITHERSBURG, MD 20878 240-994-8815(H) | VS | PHOENIX, CHELSEA 214 RABBITT RD. GAIITHERSBURG, MD 20878 240-672-8769(H) |
|---|----|---|

ADDENDUM TO PETITION FOR PROTECTIVE ORDER

06/01/2023

Petitioner's Signature Date.....

Petitioner's Telephone Number: 240-994-8815 (h)